

# RESPIRATORY PROTECTION REQUEST

For use of this form, see AR 11-34.

## SECTION I (COMPLETED BY SUPERVISOR)

NAME OF USER

GRADE & SERIES

JOB TITLE

ACTIVITY/DIVISION & BLDG. NO.

SSAN

DESCRIPTION/TYPE OF WORK BEING DONE

SUPERVISOR'S SIGNATURE

PHONE

DATE

## SECTION II (COMPLETED BY INDUSTRIAL HYGIENE SECTION, MEDDAC)

ASSESSMENT OF EXPOSURE POTENTIAL

RECOMMENDED PROTECTION

☐ Half-face Air Purifying

☐ Powered Air Purifying (PAPR)

☐ Self-contained Breathing Apparatus (SCBA)

☐ Other (Describe): \_\_\_\_\_

☐ Single-use Air Purifying

☐ Full-face Air Purifying

☐ Supplied Air

☐ ESLI - Recommended change: \_\_\_\_\_ hours

INDUSTRIAL HYGIENIST'S SIGNATURE

DATE

## SECTION III (COMPLETED BY OCCUPATIONAL HEALTH, MEDDAC)

Class (check one):

☐ No restriction on respirator use.

☐ Specific use restrictions (see below).

☐ No respirator use is permitted.

Restriction: \_\_\_\_\_

EVALUATING PHYSICIAN'S SIGNATURE

DATE

## SECTION IV (COMPLETED BY INSTALLATION RESPIRATORY ADMINISTRATOR)

Type of Respirator Issued

☐ Self-contained

Manufacturer: \_\_\_\_\_

☐ Negative Pressure

Model No: \_\_\_\_\_

☐ Powered Air Purifying

I certify that training has included instruction and practice in leak test, adjustments, visual inspections, hazards involved, cleaning/disinfection and storage principles in accordance with 29 CFR 1910.134.

RESPIRATOR ADMINISTRATOR'S SIGNATURE

DATE

## SECTION V (EMPLOYEE'S STATEMENT)

I am aware that in addition to fit-testing by a competent individual, I must:

- Fit-test my respirator prior to each use,
- Report any improper fit, damage or defect to my supervisor,
- Not wear an ill-fitted or defective respirator, and
- Require a new fit test if there is any change in facial configuration (e.g., weight loss, etc.).

EMPLOYEE'S SIGNATURE

DATE

**INSTRUCTIONS FOR COMPLETING THE  
RESPIRATORY PROTECTION REQUEST FORM**

1. The individual supervisor or industrial hygienist identifies the need for respiratory protection.
2. If the individual or supervisor recognizes the need, the Industrial Hygiene Office must be notified by phone or letter. This will give the Industrial Hygiene Office an opportunity to investigate the need.
3. To enroll in a respiratory protection program, the supervisor must complete Section I of the Respiratory Program Request Form.
4. Once the supervisor completes the form, it must be taken to the Industrial Hygiene Office in Building 851, Ireland Army Hospital (IAH) (6th floor), where Section II is completed and signed.
5. The employee must then take the form to the Occupational Health Section, Building 851, IAH (4th floor). The employee will be scheduled for a respiratory physical that will include a pulmonary function test. Once the respiratory physical has been completed, the evaluating physician will sign the form in Section III.
6. Once the signed endorsements from Industrial Hygiene and Occupational Health have been received, the employee takes the form to the Installation Respiratory Protection Administrator at the Armor Branch Safety Office, Bldg. No. 1310-A, Room 312. At the Safety Office, the employee will be scheduled for respiratory training and fit test. On completion of training and fit testing, the Installation Respiratory Protection Administrator will complete and sign Section IV.
7. At this point, the employee must read and sign Section V.
8. It is the responsibility of the employee to properly use and maintain the respirator. It is the responsibility of the employee's supervisor to enforce proper use of the respirator.
9. Copies of this form shall be maintained in the employee's records, the Armor Branch Safety Office, Industrial Hygiene Office, and at Occupational Health.